

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-022149  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 90

FILED AUG 1 1963

1. PLACE OF DEATH  
a. COUNTY Barry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Monett, Mo.

Length of stay in 1b  
14 days

c. CITY OR TOWN Pierce City

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Vincents

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
Phelps Street

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

Grace Bernice Tinker

4. DATE OF DEATH  
Month 7 Day 27 Year 1963

5. SEX

Fe

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
3-11-1877

9. AGE (last birthday)  
86

IF UNDER 1 YEAR  
Months 4 Days 18

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Artist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Edwardsville, Ill

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Dr. Worley

13b. MOTHER'S MAIDEN NAME

Not known

14. NAME OF HUSBAND OR WIFE

Will Tinker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Donald W. MacDougall Wichita Kan.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic cardio-vascular renal disease

INTERVAL BETWEEN ONSET AND DEATH  
many years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-12-1962 to 7-27-1963 and last saw her alive on 7-27-1963

Death occurred at 12:52 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Robert R. Jolley M.D.

22b. ADDRESS

Monett, Missouri

22c. DATE SIGNED

7-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
7-30-1963

23c. NAME OF CEMETERY OR CREMATORY  
City Cemetery

23d. LOCATION (City, town, or county) (State)  
Pierce City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wilks Bros. Funeral Home

25. DATE RECD. BY LOCAL REG.

7-29-63

26. REGISTRAR'S SIGNATURE

Mrs. J. M. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1055  
26550  
3  
4 1  
5 2  
6  
7 1  
8 0  
9442X  
10  
11  
12 2-0  
13 20

DATE AMENDED

2

DATE AMENDED

AUG 5 1963

FEB 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edwin Wilks*

Licensed Embalmer No. 4131

P. O. Address Pease City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.